

12/04/00

12-05-00  
Jc490 U.S. PTOUTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket Number 500582.20016

First Inventor or Application Identifier David R. Smith

Title System And Method For Single-Ended Line Analysis For Qualification And Mapping

Express Mail Label No. EL645880853US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Commissioner for Patents  
Box Patent Application  
Washington, DC 202311. ☒ \*Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)2. ☒ Specification [Total Pages 24]  
(preferred arrangement set forth below)  
-Descriptive title of the Invention  
-Cross References to Related Applications  
-Statement Regarding Fed sponsored R & D  
-Reference to Microfiche Appendix  
-Background of the Invention  
-Brief Summary of the Invention  
-Brief Description of the Drawings (if filed)  
-Detailed Description  
-Claim(s)  
-Abstract of the Disclosure3. ☒ Drawing(s) (35 USC 113) [Total Sheets 10]4. ☒ Oath or Declaration [Total Pages 3]  
a. ☐ Newly executed (original or copy)  
b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 16 completed)  
i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting  
inventor(s) named in the prior  
application, see §§ 37 CFR §1.63(d)(2)  
and 1.33(b)  
c. ☒ Unsigned5. ☐ Microfiche Computer Program (Appendix)6. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)

- a.
- ☐
- Computer Readable Copy
- 
- b.
- ☐
- Paper Copy (identical to computer copy)
- 
- c.
- ☐
- Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

- 7.
- ☐
- Assignment Papers (cover sheet & document(s))
- 
- 8.
- ☐
- 37 CFR § 3.73(b) Statement
- ☐
- Power of Attorney
- 
- (when there is an assignee)
- 
- 9.
- ☐
- English Translation Document (if applicable)
- 
- 10.
- ☐
- Information Disclosure Statement (IDS)/PTO-1449
- ☐
- Copies of IDS Citations
- 
- 11.
- ☐
- Preliminary Amendment
- 
- 12.
- ☒
- Return Receipt Postcard (MPEP 503)
- 
- (Should be specifically itemized)
- 
- 13.
- ☐
- \*Small Entity
- ☐
- Statement filed in prior application,
- 
- Statement(s) Status still proper and desired
- 
- 14.
- ☐
- Certified Copy of Priority Document(s)
- 
- (if foreign priority is claimed)
- 
- 15.
- ☐
- Other:

**NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY  
SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED  
(37 C.F.R. § 1.27). EXCEPT IF ONE FILED IN A PRIOR APPLICATION  
IS RELIED UPON (37 C.F.R. § 1.28).**

16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. \_\_\_/

Prior application information: Examiner \_\_\_

Group/Art Unit: \_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

## 17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or ☒ Correspondence address belowNAME Eugene LeDonne, Esq.  
Reed Smith LLPADDRESS 375 Park Ave, 17<sup>th</sup> Floor

CITY New York

STATE NY

ZIP CODE 10152

COUNTRY US

TELEPHONE 212-521-5400

FAX 212-521-5450

Name (Print/Type) Eugene LeDonne

Registration No. (Attorney/Agent)

35,930

Signature

Date

December 4, 2000

# FEE TRANSMITTAL for FY 2000

Application No.	Unknown	Filing Date:	December 4, 2000
First Named Inventor	David R. Smith	Group Art Unit:	Unknown
Examiner Name:	Unknown	Attorney Docket No.	500582.20016

## METHOD OF PAYMENT (Check one)

1. ☒ **Payment Enclosed:**      ☒ Check    ☐ Money Order    ☐ Other
2. ☐ The Director is hereby authorized to charge indicated fees to:
- 2a. ☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 and and credit any over payments to:

Deposit Account Number      50-1529

Deposit Account Name      Reed Smith, LLP

## FEE CALCULATION (fees effective 10/1/00)

### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	(\$)	Fee Code	(\$)		
101	710	201	355	Utility filing fee	<span style="border: 1px solid black; padding: 2px;">710</span>
106	320	206	160	Design filing fee	<span style="border: 1px solid black; padding: 2px;"></span>
107	490	207	245	Plant filing fee	<span style="border: 1px solid black; padding: 2px;"></span>
108	710	208	355	Reissue filing fee	<span style="border: 1px solid black; padding: 2px;"></span>
114	150	214	75	Provisional filing fee	<span style="border: 1px solid black; padding: 2px;"></span>
<b>SUBTOTAL (1)</b>					<span style="border: 1px solid black; padding: 2px;">(\$)710</span>

### 2. EXTRA CLAIM FEES

	**No. of Claims		Extra Claims	Fee from Below		Fee Paid
Total Claims	46	- 20 =	26	x 18 =		<span style="border: 1px solid black; padding: 2px;">468</span>
Independent Claims	3	- 3 =	0	x 80 =		<span style="border: 1px solid black; padding: 2px;">0</span>
<input checked="" type="checkbox"/> Multiple Dependent Claims			0	x 270 =		<span style="border: 1px solid black; padding: 2px;">0</span>
<b>SUBTOTAL (2)</b>						<span style="border: 1px solid black; padding: 2px;">(\$) 468</span>

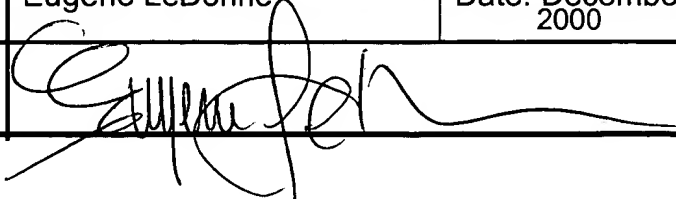
\*\*or number previously paid, if greater; For Reissues, see below

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	(\$)	Fee Code	(\$)		
103	18	203	9	Claims in excess of 20	<span style="border: 1px solid black; padding: 2px;">\$ 0</span>
102	80	202	40	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claim	
109	80	209	40	Reissue independent claims over original patent	<span style="border: 1px solid black; padding: 2px;">\$ 0</span>
110	18	210	9	Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (3)</b>					<span style="border: 1px solid black; padding: 2px;">\$ 0</span>

### SUBMITTED BY

Typed or Printed Name	Eugene LeDonne	Date: December 4, 2000	Reg. Number	35,930
-----------------------	----------------	------------------------	-------------	--------

### Signature



Deposit Account User ID

50-1529

## Certificate of Mailing by "Express Mail"

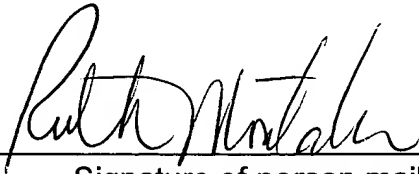
EL645880853US

"Express Mail" label number

December 4, 2000

Date of Deposit

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on the date indicated above and is addressed to the Box Patent Application, Commissioner for Patents, Washington, D.C. 20231.



Signature of person mailing correspondence

Ruth Montalvo

Typed or printed name of person mailing correspondence

004027-2996260

Note: Each paper must have its own certificate of mailing by "Express Mail".